



Form C

FAMILY VISITATION AUTHORIZATION

Last Name of Youth:	First Name of Youth:
County:	Agency:

Identify those BIOLOGICAL RELATIVES or GUARDIANS permitted visitation and their relationship to your child. Keep in mind that visitation cannot begin until this form is returned signed by you (the parent/guardian) and the placing agency representative. Please read the Visitation Policy in the Parent/Guardian Information Guide. Due to limited space, visitation is permitted for up to four (4) people per visit, unless otherwise approved by a Campus Director.

NAME	RELATIONSHIP

<i>Parent/Guardian Printed Name</i>	<i>Parent/Guardian Signature</i>	<i>Date</i>

<i>Placing Agency Representative Printed Name *REQUIRED (with exception of CA)</i>	<i>Placing Agency Representative Signature *REQUIRED (with exception of CA)</i>	<i>Date</i>

This section is for VERBAL CONSENTS ONLY: Verbal consent requires **TWO** witness signatures.

<i>Witness 1: GJR Representative Printed Name</i>	<i>Witness 1: GJR Representative Signature</i>	<i>Date</i>

<i>Witness 2: Placing Agency or GJR Representative Printed Name</i>	<i>Witness 2: Placing Agency or GJR Representative Signature</i>	<i>Date</i>